

Complications of pregnancy do not include false labor, occasional spotting, *physician* prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy, are not medically classified as distinct *complications of pregnancy*.

Cosmetic Surgery

A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and/or functions of the body which are lost or impaired due to an *illness* or *injury*.

Custodial Care

Services and supplies furnished primarily to assist an individual in the activities of daily living. Activities of daily living include such things as bathing, feeding, administration of oral medicines, or other services that can be provided by persons without the training of a *health care provider*.

Dental Care Provider

A *dentist*, *dental hygienist*, *physician* or *nurse* as those terms are specifically defined in this section.

Dental Hygienist

A person trained and licensed to perform dental hygiene services, such as prophylaxis (cleaning of teeth), under the direction of a licensed *dentist*.

Dentist

A person acting within the scope of his/her license, holding the degree of Doctor of Medicine (M.D.), Doctor of Dental Surgery (D.D.S.), or Doctor of Dental Medicine (D.M.D.), and who is legally entitled to practice dentistry in all its branches under the laws of the state or jurisdiction where the services are rendered.

Diagnostic Charges

The *usual and customary charges* for x-ray or laboratory examinations made or ordered by a *physician* in order to detect a medical condition.

Durable Medical Equipment

Equipment able to withstand repeated use for the therapeutic treatment of an active *illness or injury*. Such equipment will not be covered under the plan if it could be useful to a person in the absence of an *illness or injury* and could be purchased without a *physician's* prescription.

Elective Hospital Admission

Any non-emergency *hospital* admission which may be scheduled at the patient's convenience without jeopardizing the patient's life or causing serious impairment.

Employer

Sinclair Broadcast Group, Inc.

Expense Incurred

The date a dental service or treatment is performed, except for the following services or treatments:

- Dentures or bridgework - the date the impressions are taken.
- Crowns, inlays, onlays - the date the teeth are first prepared.
- Root canal therapy - the date the pulp chamber is opened.

General Anesthesia

An agent introduced into the body which produces a condition of loss of consciousness.

Health Care Provider

A physician, practitioner, nurse, hospital or specialized treatment facility as those terms are specifically defined in this section.

Home Health Care Agency

A public or private agency or organization, licensed and operated according to the law, that specializes in providing medical care and treatment in the home. The agency must have policies established by a professional group and at least one *physician* and one registered graduate *nurse* to supervise the services provided.

Home Hospice

A program, licensed and operated according to state law, which is approved by the attending *physician* to provide palliative, supportive and other related care in the home for a terminally ill covered person with a medical prognosis that life expectancy is 6 months or less.

Hospice Facility

A public or private organization, licensed and operated according to the law, primarily engaged in providing palliative, supportive and other related care for a covered person diagnosed as terminally ill with a medical prognosis that life expectancy is 6 months or less.

The facility must have an interdisciplinary medical team consisting of at least one *physician*, one registered *nurse*, one social worker, one volunteer and a volunteer program.

A *hospice facility* is not a facility or part thereof which is primarily a place for rest, *custodial care*, the aged, drug addicts, alcoholics, or a hotel or similar institution.

Hospital

A public or private facility, licensed and operated according to the law, which provides care and treatment by *physicians* and *nurses* at the patient's expense of an *illness* or *injury* through medical, surgical and diagnostic facilities on its premises.

A *hospital* also includes tuberculosis facilities, *mental/nervous treatment facilities* and *substance abuse treatment facilities* which are licensed and operated according to the law.

A *hospital* does not include a facility or any part thereof which is, other than by coincidence, a place for rest, the aged, or convalescent care.

Illness

Any bodily sickness, disease or mental/nervous disorder. For purposes of this plan, pregnancy will be considered as any other *illness*.

Injury

A condition which results independently of an *illness* and all other causes and is a result of an externally violent force or *accident*.

Inpatient

Treatment in an approved facility during the period when charges are made for room and board.

Intensive Care Unit

A section, ward or wing within a *hospital* which is operated exclusively for critically ill patients and provides special supplies, equipment and constant observation and care by registered graduate *nurses* or other highly trained personnel. This excludes, however, any *hospital* facility maintained for the purpose of providing normal post-operative recovery treatment or service.

Lifetime

The period of time you or your eligible dependents participate in this plan or any other plan sponsored by Sinclair Broadcast Group, Inc.

Maintenance Care

Services and supplies provided primarily to maintain a level of physical or mental function.

Medical Emergency

An *illness* or *injury* which occurs suddenly and unexpectedly, requiring immediate medical care and use of the most accessible *hospital* equipped to furnish care to prevent the death or serious impairment of the covered person.

Such conditions include but are not limited to suspected heart attack, loss of consciousness, actual or suspected poisoning, acute appendicitis, heat exhaustion, convulsions, emergency medical care rendered in *accident* cases and other acute conditions.

Medically Necessary (Medical Necessity)

Any non-experimental service or supply required for the diagnosis or treatment of an active *illness* or *injury* that is rendered by or under the direct supervision of the attending *physician*, generally accepted by medical professionals in the United States.

Medicare

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended.

Mental/Nervous Treatment Facility

A public or private facility, licensed and operated according to the law, which provides: a program for diagnosis, evaluation, and effective treatment of mental/nervous disorders; and, professional nursing services provided by licensed practical *nurses* who are directed by a full-time R.N. The facility must have a *physician* on staff or on call.

The facility must also prepare and maintain a written plan of treatment for each patient. The plan must be based on medical, psychological and social needs.

Morbid Obesity

A diagnosed condition in which the body weight exceeds the normal weight by either 100 pounds or is twice the normal weight of a person the same height, and conventional weight reduction measures have failed.

Nurse

A person acting within the scope of his/her license and holding the degree of Registered Graduate Nurse (R.N.), Licensed Vocational Nurse (L.V.N.) or Licensed Practical Nurse (L.P.N.).

Oral Surgery

Necessary procedures for *surgery* in the oral cavity, including pre- and post-operative care.

Outpatient

Treatment either outside of a *hospital* setting or at a *hospital* when room and board charges are not incurred.

Period of Confinement

The time during which a covered person is an *inpatient* in an approved facility. If the covered person is discharged and again readmitted, additional charges will be part of the original confinement unless you have returned to work for 1 day, or in the case of your dependents, 90 days have lapsed since the date of discharge. An admittance due to an entirely different cause will be considered to be a new *period of confinement*.

Physically or Mentally Handicapped

The inability of a person to be self-sufficient as the result of a condition such as mental retardation, cerebral palsy, epilepsy or another neurological disorder and diagnosed by a *physician* as a permanent and continuing condition.

Physician

A person acting within the scope of his/her license and holding the degree of Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), and who is legally entitled to practice medicine in all its branches under the laws of the state or jurisdiction where the services are rendered.

Plan Administrator

The *plan administrator*, Sinclair Broadcast Group, Inc., who is the sole fiduciary of the plan, has all discretionary authority to interpret the provisions and control the operation and administration of the plan within the limits of the law. All decisions made by the *plan administrator* shall be final and binding on all parties.

Sinclair Broadcast Group, Inc. may choose to hire a consultant and/or contract administrator to perform specified duties in relation to the plan. The *plan administrator* also has the right to *amend*, modify or terminate the plan at any time or in any manner.

Plan Sponsor

Sinclair Broadcast Group, Inc.

Plan Year

The 12-month fiscal period for Sinclair Broadcast Group, Inc. beginning November 1 and ending October 31.

Practitioner

A *physician* or person acting within the scope of applicable state licensure/certification requirements and holding the degree of Doctor of Dental Surgery (D.D.S.), Doctor of Dental Medicine (D.M.D.), Doctor of Podiatry Medicine (D.P.M.), Doctor of Chiropractic (D.C.), Doctor of Optometry (O.D.), Optician, Registered Physical Therapist (R.P.T.), Psychologist (Ph.D., Ed.D., Psy.D.), Licensed Clinical Social Worker (L.C.S.W.), Speech Therapist, Occupational Therapist or Registered Respiratory Therapist.

Pre-Treatment Review

A proposed course of treatment estimated to be over \$200 which is submitted by your *dentist* for review prior to the actual performance of services. Evaluation of the course of treatment is subject to *alternate procedure* and does not guarantee payment of benefits when the actual services are performed.

Second Surgical Opinion

Examination by a *physician* who is certified by the American Board of Medical Specialists in a field related to the proposed *surgery* to evaluate the medical advisability of undergoing a surgical procedure.

Skilled Nursing Facility

A public or private facility, licensed and operated according to the law, which provides: permanent and full-time facilities for 10 or more resident patients; a registered *nurse* or *physician* on full-time duty in charge of patient care; at least one registered *nurse* or practical licensed *nurse* on duty at all times; a daily medical record for each patient; transfer arrangements with a *hospital*; and, a utilization review plan.

The facility must be primarily engaged in providing continuous skilled nursing care for persons during the convalescent stage of their *illness* or *injury*, and is not, other than by coincidence, a rest home for *custodial care* or for the aged.

Specialized Treatment Facility

Specialized treatment facilities as the term relates to this plan include *birthing centers*, *ambulatory surgical facilities*, *hospice facilities*, *skilled nursing facilities*, *mental/nervous treatment facilities* or *substance abuse treatment facilities* as those terms are specifically defined.

Substance Abuse Treatment Facility

A public or private facility, licensed and operated according to the law, which provides: a program for diagnosis, evaluation, and effective treatment of substance abuse; detoxification services; and professional nursing care provided by licensed *nurses* who are directed by a full-time R.N. The facility must have a *physician* on staff or on call.

The facility must also prepare and maintain a written plan of treatment for each patient based on medical, psychological and social needs.

Surgery

Any operative or diagnostic procedure performed in the treatment of an *injury* or *illness* by instrument or cutting procedure through any natural body opening or incision.

Third Surgical Opinion

Examination by a *physician* who is certified by the American Board of Medical Specialists in a field related to the proposed *surgery* to evaluate the medical advisability of undergoing a surgical procedure.

Total Disability (Totally Disabled)

The inability to perform all the duties of your occupation with Sinclair Broadcast Group, Inc. or any other type of work for wage or profit as the result of a non-occupational *illness* or *injury*. A dependent will be considered *totally disabled* if, because of a non-occupational *injury* or *illness*, he or she is prevented from engaging in all the normal activities of a person of like age who is in good health.

Usual and Customary Charge

The charge most frequently made to the majority of patients for the same service or procedure. The charge must be within the range of the charges most frequently made in the same or similar medical service area for the service or procedure as billed by other *physicians*, *practitioners* or *dentists*.

Year

See *benefit year*.

RIGHTS OF PLAN PARTICIPANTS

As a participant in the Sinclair Broadcast Group, Inc. Employee Benefit Health Plan High Option, you are entitled to certain rights under Federal law.

According to the law, you have the right to examine, without charge at the *plan administrator's* office or other specified locations, all documents and contracts of the plan that are filed with the U.S. Department of Labor, such as detailed annual reports and plan descriptions. You may obtain copies of all documents upon written request to the *plan administrator*. The plan may make a reasonable charge for the copies. You are also entitled to receive a summary of the plan's annual financial report.

If your claim for benefits under this plan is denied in whole or in part, you will receive a written explanation of the reason for the denial. If you do not agree with the denial, you have the right to ask the plan to review the claim. If you are not satisfied with the result of such a review, you may file suit in a state or Federal court.

Federal law imposes duties on the individuals responsible for the operation of the plan to do so carefully and in the interest of all participants. No one, including your *employer*, a union, or any other person, may fire you or discriminate against you to prevent you from obtaining any benefit under the plan or exercising your rights under Federal law.

Under Federal law, there are steps you can take to enforce your rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a Federal court. The court may require the *plan administrator* to provide the materials and pay you up to \$100 a day until you receive the materials unless the delay is beyond the control of the *plan administrator*. If the people who operate the plan misuse the plan's money, or if you are discriminated against for enforcing your rights, you may seek assistance from the U.S. Department of Labor or file suit in a federal court. If you do file suit, the court will decide who should pay court costs and legal fees. If your case is upheld by the court, the court may order the person or organization you have sued to pay related expenses. If you lose or the court finds your case frivolous, you may be ordered to pay the court costs and legal fees.

If you have any questions about your plan, contact the *plan administrator*. If you have any questions about your rights, contact the area office of the U.S. Labor-Management Services Administration, Department of Labor.

GENERAL INFORMATION

Name and Address of the *Plan Sponsor*

Sinclair Broadcast Group, Inc.
2000 W. 41st St.
Baltimore, MD 21211
410-467-4545

Name and Address of the *Plan Administrator*

Sinclair Broadcast Group, Inc.
2000 W. 41st St.
Baltimore, MD 21211
410-467-4545

Name and Address of the Designated Agent for Service of Legal Process

The Administrator
Sinclair Broadcast Group, Inc.
2000 W. 41st St.
Baltimore, MD 21211
410-467-4545

Name and Address of the Plan Trustees

David Amy
Frederick Smith
Sinclair Broadcast Group, Inc.
2000 W. 41st St.
Baltimore, MD 21211
410-467-4545

Internal Revenue Service and Plan Identification Number

The corporate tax identification number assigned by the Internal Revenue Service is 52-1494660. The plan number is 501.

Plan Year

The *plan year* is the 12-month fiscal year for Sinclair Broadcast Group, Inc. beginning November 1 and ending October 31.

Method of Funding Benefits

Health benefits are self-funded from accumulated assets and are provided directly from the *plan sponsor*.

The total level of funding will be determined by the aggregate stoploss policy, taking into consideration the number of employees covered each month. Contribution rates will also be determined in this manner.

Payments out of the plan to *health care providers* on behalf of the covered person will be based on the provisions of the plan.

SIGNATURE PAGE

The effective date of the Sinclair Broadcast Group, Inc. Employee Benefit Health Plan High Option is November 1, 1991.

It is agreed by Sinclair Broadcast Group, Inc. that the provisions of this document are correct and will be the basis for the administration of the Sinclair Broadcast Group, Inc. Employee Benefit Health Plan High Option.

Dated this 17th day of March, 1992

BY

TITLE

BY

TITLE

THIS PLAN ADMINISTERED BY:



**100 South Charles Street
10th Floor
Baltimore, Maryland 21201
(410) 539-0411
(800) 444-2627**

SINCLAIR BROADCAST GROUP, INC.

Your Group Insurance Benefits

Federal Communications Commission

Docket No. 93-94 Exhibit No. 40TAB31

Presented by Scruggs Howard

Disposition { Identified 9/13/94
Received 9/13/94
Rejected _____

Reporter P. McNulty

Date 9/13/94

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CERTIFICATE OF COVERAGE

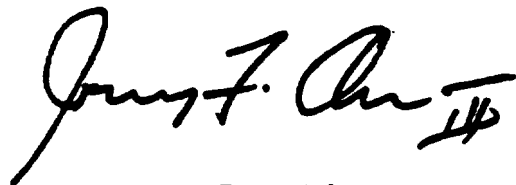
The UNUM Life Insurance Company of America (referred to as "we," "our" and "us") welcomes your employer as a client.

This is your certificate of coverage as long as you are eligible for this insurance, become insured and remain insured. Keep it in a safe place. Check the Description of Eligible Classes to determine those benefits that apply to your employee class.

A few words about this certificate

We have written it in plain English. But a few terms and provisions are written as required by insurance law. You will want to read it carefully. If you have any questions about any terms and provisions, please contact the Insurance Administrator at your work location or write to our claims paying office. We will assist you in any way we can to help you understand your benefits.

Also, if the terms of your certificate of coverage and the policy differ, the policy will govern. You may examine the policy at the Insurance Administrator's office. Your coverage may be terminated or modified in whole or in part at any time under the terms and provisions of the policy.

A handwritten signature in dark ink, appearing to read "James F. Anderson III". The signature is fluid and cursive, with the last name "Anderson" being the most prominent part.

President

PLAN OUTLINE

SCHEDULE

Life and Accidental Death and Dismemberment (AD&D) Benefits For You

- Description of Eligible Classes

All Employees

- Amounts of Insurance

Life Amount 1.5x annual earnings	AD&D (Full Amount) 1.5x annual earnings
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All amounts are rounded to the next higher \$1,000,
if not already a multiple thereof.

- Life Insurance
Maximum: \$200,000
Reduction Formula: The original amount in force
prior to age 70 reduces to:
a. 65% at age 70; and
b. 50% at age 75.
- AD&D Benefits
Maximum: \$200,000
Reduction Formula: The original amount in force
prior to age 70 reduces to:
a. 65% at age 70; and
b. 50% at age 75.

GENERAL INFORMATION

Minimum Requirement for Active Employment: 30 hours per week

Waiting Period:

- If you are in an eligible class on or before the policy effective date: On completion of 90 days active employment
- If you enter an eligible class after the policy effective date: On completion of 90 days active employment

You must be in continuous active employment in an eligible class during the specified waiting period.

Definition of Earnings:

- "Earnings" means the annual, monthly, bi-weekly, or weekly pay, as the case may be, received by you from your employer. It includes earnings from commissions and bonuses, but not overtime pay or other additional compensation.

Commissions and bonuses will be averaged for the lesser of:

1. the 12 month period of employment just prior to the date of loss; or
2. the period of employment.

Changes Effective:

Subject to the delayed effective dates exceptions, changes in insurance take effect immediately.

Continuation of Your Insurance During Absences:

Type of Absence	Time Limit
Injury or Sickness	For the absence up to your retirement date.

But your life insurance will automatically terminate at the end of 15 months if you have met the requirements described in "How do you qualify for the life disability benefit" except that you have not submitted the first proof within that 15 month period.

Temporary
Layoff or Leave
of Absence

To the end of the policy month following the policy month in which the layoff or leave of absence begins.

Contributions:

Who pays for the plan?

Your employer pays for the plan.

TERMS YOU OUGHT TO KNOW

Many terms used in your certificate of coverage have special meanings. A list of these terms and meanings follows.

- "Accidental bodily injury" means bodily harm caused by accident and not contributed to by any other cause.
- "Active employment" means you must be working:
 1. for your employer on a permanent full-time basis and paid regular earnings;
 2. at least the minimum number of hours shown in the Plan Outline; and either
 3. at your employer's usual place of business; or
 4. at a location to which your employer's business requires you to travel.

But you will be considered to be in active employment on each day of a regular paid vacation or a regular nonworking day on which you were not absent because of an injury, a sickness, a temporary layoff or a leave of absence, provided you were in active employment on your last preceding working day.

- "Beneficiary" means the person or persons designated by you to receive the benefits of your life insurance and accidental death benefits upon your death.
- "Employee" means a person in active employment with the employer.
- "Employer" means the Policyholder and includes any division, any subsidiary or any affiliated company named in the policy.
- "Evidence of insurability" means a statement or proof of a person's medical history upon which acceptance for insurance will be determined by us.
- "Home office" means the UNUM Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122.
- Male pronoun whenever used includes the female.
- "Occupational" means arising out of, or in the course of, any employment for pay or profit.
- "Physician" means a person who is:
 1. operating within the scope of his license; and either
 2. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
 3. legally qualified as a medical practitioner and required to be recognized, under the policy for